



Department Of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Parkway, P.O. Box 80447
Conyers, Georgia 30013
Phone # 678-413-8575
www.dmv.ga.gov

These are the instructions for applying for an interim certificate or to amend an existing certificate. The interim certificate will be granted (if application is in order and no protests are received) on a twelve (12) month basis and a permanent certificate will be issued at the end of twelve (12) months based on actual performance.

1. Application for new certificate or amendment to existing certificate must be accompanied by **CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER**, payable to Department of Motor Vehicle Safety (DMVS) in the applicable amount as shown below. Application fees are determined by the number of vehicles owned or permanently leased at the time application is made:
 - (a) Less than six (6) vehicles - \$ 75.00 plus \$15.00 advertisement fee.
 - (b) Six (6) to Fifteen (15) vehicles - \$150.00 plus \$15.00 advertisement fee.
 - (c) Over Fifteen (15) vehicles - \$200.00 plus \$15.00 advertisement fee.
2. A signed and notarized application. All sections of the application must be completed or it will be returned to you.
3. Notarized affidavit, in support of your application, completed by an officer of the company. If application is protested, you will need to bring witnesses to the hearing to testify in support of the authority you are seeking.
4. If a corporation, attach a copy of the Articles of Incorporation and copy of verification certificate from Secretary of State's office.
5. Complete the safety awareness/ID of Vehicle form attached.
6. Have your insurance company file (either by mail or fax) a Form "E", liability filing and Form "H", cargo insurance. In order to expedite your application, the insurance filings need to be submitted as soon as possible.
7. ***Submit all original documents and fees to: DMVS, Regulatory Compliance Section, 2206 East View Parkway, P.O. Box 80447, Conyers, Georgia 30013***
8. In addition you will need to purchase an identification stamp for each vehicle from: DMVS, 1200 Tradeport Blvd., Hapeville, Georgia 30354 / 404-362-6484
9. **If you are operating wholly within the state of Georgia (not crossing state lines)** with vehicles in excess of 10,000 GVWR **you must complete** the Application for Motor Carrier Identification Number for a U.S. Dot Number. Please disregard if you have applied for or have been issued a U.S. DOT number (404) 675-6171.
10. If you conduct any commercial moves (office furniture or delivery of new furniture) you will also need to complete a Motor Carrier of Property Permit application from DMVS, 1200 Tradeport Blvd., Hapeville, Georgia 30354 / 404-362-6484

No application will be assigned for hearing or given consideration by the DMVS unless accompanied by said fees and until application has complied with these requirements. Upon receipt of the application and fees the matter will be assigned for public hearing. If the DMVS receives no protests to the application you will not need to appear in person and the matter will be handled on the record. If you do need to appear, the DMVS staff will notify you.



APPLICATION TO
DEPARTMENT OF MOTOR VEHICLE SAFETY
FOR INTERIM CERTIFICATE

TO OPERATE AS A MOTOR CARRIER WITHIN THE STATE OF GEORGIA

In the

TRANSPORTATION OF HOUSEHOLD GOODS
AS HEREINAFTER SET FORTH, IN INTRASTATE COMMERCE.
(Application should be typed or printed legibly)

Check One:

() Application for New Certificate

() Amendment of Certificate No. _____.

The application of:

Applicant (Legal Name)

Trade Name (doing business as), if any

Business Address (Actual Street Address) (City) (State) (Zip)

(Business Telephone #) (Cell #) (E-mail address)

Mailing Address, if different than above (City) (State) (Zip)

Application is hereby made on the basis of statements hereinafter set forth for a Certificate to operate as motor carrier for hire transporting **Household Goods** intrastate in Georgia.

Applicant's representative to whom inquiries may be made (if you are representing yourself, place your name and address here if different from above.)

(Name)

(Street Address) (City) (State) (Zip)

(Business Telephone #) (Cell #) (E-mail address)

ORGANIZATION

SECTION ONE

State whether applicant is an individual, partnership, corporation, company, or association:

_____. Actual State of Incorporation: _____

If a corporation, attach a copy of Articles of Incorporation and copy of Certification from Secretary of State or other state where incorporated which shows approval of corporate name, also attach a list of all directors and stockholders marked and give names and address of the following officers:

President Name _____ Address _____

V. President Name _____ Address _____

Treasurer Name _____ Address _____

Secretary Name _____ Address _____

If applicant is a partnership, or association, give names and addresses of all partners, all officers.

Designate a partner or an officer who will serve as the main contact person for all matters related to transportation of household goods.

If applicant is a non-resident of Georgia, give name and address of an agent or Attorney in Fact in this State upon whom process may be served in any suit instituted against applicant:

Name of agent or Attorney in Fact: _____

(Street Address)

(City)

(State)

(Zip)

Does applicant understand that he will be required to maintain **liability and cargo insurance** in the amounts prescribed by the DMVS? _____

Give number of vehicles owned or permanently leased based in Georgia or elsewhere by applicant on date of this application: _____

Give address in Georgia where copies of bill of lading, business records, etc. will be maintained:

(Street Address)

(City)

(Zip)

Is the above address a place of business or residence?

SERVICE PROPOSED

SECTION TWO

Does applicant propose to render regular and continuous service and to undertake to carry and hold himself out as ready and willing to transport household goods for hire, which he is permitted to carry? () yes () no

Does applicant understand that he will be required to operate under the Maximum Rate Household Goods Tariff prescribed by the DMVS? () yes () no

Is applicant familiar with the Maximum Rate Household Goods Tariff? () yes () no

If the answer is "no", does applicant agree to obtain copy of the Maximum Rate Household Goods Tariff, familiarize himself with same, and operate to the best of his ability in accordance therewith? () yes () no

Describe type of vehicles proposed to be used in this business?

(Example: 26 feet box van) _____

List the municipality where base of operation will be established: _____

Describe the territory within which applicant proposes to operate. This may be done in terms of a base point and mileage radius therefrom (Example: 75 miles of Atlanta, Georgia):

If applying for an Amendment to current authority contained in Certificate, is the above:

- () In lieu of current authority
() In addition to current authority

SECTION THREE **FINANCIAL STATEMENT**

Applicant represents that he is financially able to furnish the service proposed in this application and attaches hereto copies of his most recent balance sheet and income and expense statement. If applicant has no such financial statements, he submits the following statement showing liabilities and value of property owned:

ASSETS:

Real Estate (Value)	\$ _____
Personal property (Value)	\$ _____
Plant & equipment (Value)	\$ _____
Cash & deposit	\$ _____
TOTAL	\$ _____

LIABILITIES:

Capital Stock	\$ _____
Equipment	\$ _____
Judgments	\$ _____
All Other Liabilities	\$ _____
TOTAL	\$ _____

NET WORTH	\$ _____
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SECTION FOUR

Is applicant familiar with the rules and regulations of the DMVS governing the operation of Motor vehicles for hire operations, including the DMVS's vehicle and hazardous materials safety rules and regulation? () yes () no.

If the answer is "no", does applicant agree to obtain copy of these rules, familiarize himself with same, and operate to the best of his ability in accordance therewith? () yes () no

Does applicant hold authority from the Federal Motor Carrier Safety Administration? () yes () no

If yes, please give your MC number. MC#: _____

Does applicant have a U.S. DOT Number? () yes () no () Applied for

If yes, please give your U.S. DOT Number. (U.S. DOT No.: _____)

Has applicant, prior to this application, been declared bankrupt in Federal Bankruptcy Court?

() yes () no

Has applicant, prior to this application, paid any fines or been convicted of any offense(s) relating to the operation of his motor vehicles or trucks in Georgia? () yes () no.

If "yes", attach statement to the application describing the incident(s).

Subscribed and sworn to before me,

this ____ day of _____,

20 _____,

**(Signature of applicant, or person
authorized to execute this application of
a corporation, firm or partnership.)**

Notary Public

(Title)

My Commission Expires: _____

(Telephone Number)



AFFIDAVIT
in support of
INTERIM
CERTIFICATE

Name of applicant: _____

Name and address of person completing affidavit.

My job, title and responsibilities with the company.

What experience do you have in the type business you are applying for authority to conduct?

List household goods companies you have been associated with in the past: _____

What area do you propose to operate in? _____
(Example: Atlanta and a 50-mile radius)(Explain in detail)

Do you have any technical background in this business? _____

Insurance Coverage _____ (Mileage your insurance covers).

I understand this application is for an interim certificate and that my permanent certificate will not be issued for twelve (12) months. The purpose of the twelve (12) month interim period is to demonstrate a public need for the service. I further understand that my permanent certificate will be based on the actual performance and service and agree to abide by all DMVS rules and regulations if this authority is granted.

Subscribed and sworn to before me,

this ____ day of _____,

20 _____,

Notary Public

My Commission Expires _____

**(Signature of applicant, or person
authorized to execute this affidavit.)**

(Title)

(Telephone Number)



STATEMENT OF SAFETY AWARENESS & CERTIFYING IDENTIFICATION OF VEHICLES

For: _____
(Carrier Name)

I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

**Department Of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Parkway, P.O. Box 80447
Conyers, Georgia 30013**

I certify that all vehicles to be operated under the authority granted by the Department of Motor Vehicle Safety will be durably marked on both sides of the body or cab the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of 50 feet while the vehicle is not in motion, with the following information:

- (1) Legal name or single trade name;
- (2) Principle place of domicile (for vehicles with a GVWR under 10,000 lbs
or vehicles with a GVWR over 43,000 lbs.)^{1 2}
- (3) Assigned USDOT number (for vehicles with a GVWR over 10,000 lbs.)

Signed by: _____

(Title)

Subscribed and sworn to before me,

This ____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____

¹ The city and state of your principal place of business.

² GVWR means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and cannot be changed, except by the manufacturer.